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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 7747

SERIAL NUMBER 09/912,632	FILING DATE 07/26/2001 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. 212052US-2
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\*\* CONTINUING DATA \*\*\*\*\* *M*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N*

JAPAN P2000-225926 07/26/2000

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/31/2001

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	JAPAN	DRAWING 10	CLAIMS 21	CLAIMS 4
Verified and Acknowledged	Examiner's Signature <i>MW</i>	Initials			

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## TITLE

ULTRASONIC DIAGNOSIS APPARATUS AND ULTRASOUND IMAGING METHOD

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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